## STATE OF UTAH

|                                                                                                                   |                                   |              |                                             |               | DEPARTMENT<br>DIVISION O                                    |                          | GAS AND M |                                                   | S .                                      |                                                                                   | AMENDED REF    | ORT      |      |  |
|-------------------------------------------------------------------------------------------------------------------|-----------------------------------|--------------|---------------------------------------------|---------------|-------------------------------------------------------------|--------------------------|-----------|---------------------------------------------------|------------------------------------------|-----------------------------------------------------------------------------------|----------------|----------|------|--|
| APPLICATION FOR PERMIT TO DRILL                                                                                   |                                   |              |                                             |               |                                                             |                          |           |                                                   |                                          | 1. WELL NAME and NUMBER<br>NBU 922-35B1CS                                         |                |          |      |  |
| 2. TYPE OF WORK  DRILL NEW WELL REENTER P&A WELL DEEPEN WELL                                                      |                                   |              |                                             |               |                                                             |                          |           |                                                   |                                          | 3. FIELD OR WILDCAT  NATURAL BUTTES                                               |                |          |      |  |
| 4. TYPE OF WELL  Gas Well Coalbed Methane Well: NO                                                                |                                   |              |                                             |               |                                                             |                          |           |                                                   |                                          | 5. UNIT or COMMUNITIZATION AGREEMENT NAME  NATURAL BUTTES                         |                |          |      |  |
| 6. NAME OF OPERATOR  KERR-MCGEE OIL & GAS ONSHORE, L.P.                                                           |                                   |              |                                             |               |                                                             |                          |           |                                                   |                                          | 7. OPERATOR PHONE<br>720 929-6515                                                 |                |          |      |  |
| 8. ADDRESS OF OPERATOR P.O. Box 173779, Denver, CO, 80217                                                         |                                   |              |                                             |               |                                                             |                          |           |                                                   |                                          | 9. OPERATOR E-MAIL julie.jacobson@anadarko.com                                    |                |          |      |  |
| 10. MINERAL LEASE NUMBER (FEDERAL INDIAN OR STATE)                                                                |                                   |              |                                             |               |                                                             |                          |           | ~                                                 | _                                        | 12. SURFACE OWNERSHIP                                                             |                |          |      |  |
| (FEDERAL, INDIAN, OR STATE) UTU-010954-A  FEDERAL INDIAN STATE FEE  13. NAME OF SURFACE OWNER (if box 12 = 'fee') |                                   |              |                                             |               |                                                             |                          |           |                                                   |                                          | FEDERAL ( INDIAN STATE ) FEE (                                                    |                |          |      |  |
|                                                                                                                   |                                   |              | 14. SURFACE OWNER PHONE (if box 12 = 'fee') |               |                                                             |                          |           |                                                   |                                          |                                                                                   |                |          |      |  |
| 15. ADDRESS OF SURFACE OWNER (if box 12 = 'fee')                                                                  |                                   |              |                                             |               |                                                             |                          |           |                                                   |                                          | 16. SURFACE OWNER E-MAIL (if box 12 = 'fee')                                      |                |          |      |  |
|                                                                                                                   | N ALLOTTEE OI<br>= 'INDIAN')      | R TRIBE NAME |                                             |               | 18. INTEND TO COMMINGLE PRODUCTION FROM MULTIPLE FORMATIONS |                          |           |                                                   |                                          | 19. SLANT                                                                         |                |          |      |  |
| YES (Submit Commingling Application)                                                                              |                                   |              |                                             |               |                                                             |                          |           |                                                   | VERTICAL DIRECTIONAL HORIZONTAL          |                                                                                   |                |          |      |  |
| 20. LOCATION OF WELL                                                                                              |                                   |              |                                             |               | FOOTAGES                                                    |                          | QTR-QTR   |                                                   | CTION                                    | TOWNSHIP                                                                          | RANGE          | MERIDIAN |      |  |
| LOCATION AT SURFACE 141                                                                                           |                                   |              |                                             |               | FNL 204 FEL                                                 |                          | SENE      |                                                   | 35                                       | 9.0 S                                                                             | 22.0 E         |          | S    |  |
| Top of Uppermost Producing Zone 580                                                                               |                                   |              |                                             |               | FNL 1819 FEL                                                |                          | NWNE      |                                                   | 35                                       | 9.0 S                                                                             | 22.0 E         |          | S    |  |
| At Total Depth 580                                                                                                |                                   |              |                                             |               | NL 1819 FEL                                                 |                          | NWNE      |                                                   | 35                                       | 9.0 S                                                                             | 22.0 E         | : S      |      |  |
| 21. COUNTY  UINTAH  22. DISTANCE TO NEAREST LEASE LINE (Feet) 493                                                 |                                   |              |                                             |               |                                                             |                          |           |                                                   |                                          | 23. NUMBER OF ACRES IN DRILLING UNIT 600                                          |                |          |      |  |
| 25. DISTANCE TO NEAREST WELL IN SAI<br>(Applied For Drilling or Completed)<br>809                                 |                                   |              |                                             |               |                                                             |                          |           | POOL                                              | 26. PROPOSED DEPTH<br>MD: 9388 TVD: 9026 |                                                                                   |                |          |      |  |
| 27. ELEVATION - GROUND LEVEL                                                                                      |                                   |              |                                             |               | 28. BOND NUMBER                                             |                          |           |                                                   |                                          | 29. SOURCE OF DRILLING WATER / WATER RIGHTS APPROVAL NUMBER IF APPLICABLE 43-8496 |                |          |      |  |
| 5101 WYB000291 43-8496  Hole, Casing, and Cement Information                                                      |                                   |              |                                             |               |                                                             |                          |           |                                                   |                                          |                                                                                   |                |          |      |  |
| String                                                                                                            | ring Hole Size Casing Size Length |              |                                             | Weigl         | ht Grade & Th                                               | Max Mud Wt.              |           |                                                   | Cement                                   | Sack                                                                              | Yield          | Weight   |      |  |
| Surf                                                                                                              | 11                                | 8.625        | 0 - 2590                                    | 28.0          | ) J-55 LT8                                                  | &C                       | 0.2       | 2                                                 | Type V                                   |                                                                                   | 180            |          | 15.8 |  |
| Prod                                                                                                              | 7.875                             | 4.5          | 0 - 9388                                    | 11.6 I-80 LT8 |                                                             | C 12.0                   |           | 0                                                 | Prer                                     | Class G<br>nium Lite High Stren                                                   | 270<br>gth 310 |          | 15.8 |  |
|                                                                                                                   |                                   |              |                                             |               |                                                             |                          |           |                                                   |                                          | 50/50 Poz                                                                         | 127            |          | 14.3 |  |
| ATTACHMENTS                                                                                                       |                                   |              |                                             |               |                                                             |                          |           |                                                   |                                          |                                                                                   |                |          |      |  |
| VERIFY THE FOLLOWING ARE ATTACHED IN ACCORDANCE WITH THE UTAH OIL AND GAS CONSERVATION GENERAL RULES              |                                   |              |                                             |               |                                                             |                          |           |                                                   |                                          |                                                                                   |                |          |      |  |
| WELL PLAT OR MAP PREPARED BY LICENSED SURVEYOR OR ENGINEER                                                        |                                   |              |                                             |               |                                                             |                          |           | COMPLETE DRILLING PLAN                            |                                          |                                                                                   |                |          |      |  |
| AFFIDAVIT OF STATUS OF SURFACE OWNER AGREEMENT (IF FEE SURFACE)                                                   |                                   |              |                                             |               |                                                             |                          |           | FORM 5. IF OPERATOR IS OTHER THAN THE LEASE OWNER |                                          |                                                                                   |                |          |      |  |
| DIRECTIONAL SURVEY PLAN (IF DIRECTIONALLY OR HORIZONTALLY DRILLED)                                                |                                   |              |                                             |               |                                                             |                          |           | TOPOGRAPHICAL MAP                                 |                                          |                                                                                   |                |          |      |  |
| NAME Laura Abrams TITLE Regulato                                                                                  |                                   |              |                                             |               |                                                             | gulatory Analyst II PHOP |           |                                                   |                                          | E 720 929-6356                                                                    |                |          |      |  |
| SIGNATURE                                                                                                         |                                   |              |                                             |               | DATE 10/31/2013                                             |                          |           |                                                   | EMAIL L                                  | EMAIL Laura.Abrams@anadarko.com                                                   |                |          |      |  |
| API NUMBER ASSIGNED 43047541270000                                                                                |                                   |              |                                             |               | APPROVAL                                                    |                          |           |                                                   | Perm                                     | Permit Manager                                                                    |                |          |      |  |
| Permit Manager                                                                                                    |                                   |              |                                             |               |                                                             |                          |           |                                                   |                                          |                                                                                   |                |          |      |  |

